

**Ep #53: Humanistic Dentistry and Leadership with Dr.  
Michael Shuster**



**Full Episode Transcript**

**With Your Host**

**Allison Watts, DDS**

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## Ep #53: Humanistic Dentistry and Leadership with Dr. Michael Shuster

Welcome to *Practicing with the Masters* for dentists with your host, Dr. Allison Watts. Allison believes that there are four pillars for a successful, fulfilling dental practice: clear leadership, sound business principles, well-developed communication skills, and clinical excellence. Allison enjoys helping dentists and teams excel in all of these areas. Each episode she brings you an inspiring conversation with another leading expert. If you desire to learn and grow and in the process take your practice to the next level, then this is the show for you. Now, here's your host, Dr. Allison Watts.

Allison Watts: Welcome to Practicing with the Masters podcast. I'm your host, Allison Watts, and I'm dedicated to bringing you masters in the field of dentistry, leadership, and practice management to help you have a more fulfilling and successful practice in life. Dr. Schuster is a seasoned, national speaker with a reputation for being honest and to the point. His dedication to the profession of dentistry and the rights of dentists to develop trusting, mutual, respectful relationships in a private care setting without the intrusion of a third-party influence, is evidenced by the thousands he has helped to create such a practice. Dr. Schuster enthusiastically describes and strategizes, for his participants, how it is possible to be confident about money, or smarter not harder, live a debt free life, create a patient referral driven practice and generate high case acceptance while building an ethical, rewarding, and profitable practice.

Dr. Schuster believes that the dental schools have inadequately prepared its graduates to run an organized, profitable, small business, and he has spent a lifetime traveling, teaching and helping dentists obtain the knowledge and apply the skills necessary to bridge that gap. Dr. Schuster relies on his own, personal experience of

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practicing and managing his own dental office and those of the students who attend his business school for dentists in Scottsdale, Arizona from all over the United States, Canada, and Puerto Rico. Michael Schuster is the Chief Executive Officer of the Schuster Center for Professional Development in Scottsdale, which he founded in 1978, to teach concepts of managerial excellence, economic freedom, and personal growth.

The Schuster Center is a state of the art teaching facility, dedicated to increasing the level of health and patient care in the United States by empowering dental organizations to freedom and profitability through overhead control, resource management, effective and efficient organizational systems, and a team that works and communicates successfully with each other and their patients in an insurance-free environment. Dr. Schuster is a graduate of Marquette University, and as CEO of the Schuster Center, he has been involved in the leading edge of dentistry for over thirty years. He's practiced the concepts he teaches successfully in a variety of environments, including small, rural areas of around thirty-five hundred people, a Midwestern town of sixty-five thousand, and a large, metropolitan city of a million plus.

He has taught at Temple University, the University of Iowa, and he was one of the original cadre picked by L.D. Pankey to carry on the Pankey philosophy. Today he continues on teaching as an adjunct faculty member for the Dawson Center and OBI. He is also the author and creator of twenty-five books and video programs and continues as a leader

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and visionary, guiding the students at the Schuster Center on a daily basis. In addition to the lecture schedule, Dr. Schuster is an accomplished, private pilot and motorcycle enthusiast. He's married to Patty, and the proud father of four daughters, who have blessed him with eight grandchildren. Wonderful. You do have a lot of knowledge, Dr. Schuster, and it was hard to narrow it down to what we were going to talk about today. Again, welcome. We are excited to have you here.

Michael Schuster: Thank you.

Allison Watts: What Dr. Schuster and I decided, talking together about this call, was that we were going to try to narrow this down to leadership and communication because, when I talked to him, he basically said, "The key is leadership and communication is basically the key to leadership." What I wanted to ask you specifically, to start us off here, is, in terms of leadership ... we can answer this separately if you want to ... I want you to tell me what you think dentistry is doing wrong and what we should be doing instead, if you could?

Michael Schuster: Oh, boy. I think it boils down to a couple things. I remember when I was kid starting in dentistry, the most common practice was silver fillings and glass partial dentures. I think, basically, the problem that we have isn't knew, but it seems to be more apparent, and that is there's a methodistic way to practice dentistry that is primarily attempting to treat a biological problem with a mechanical solution. Then there's

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a biologic way to interact, which is what I commonly refer to as a level three practice, where the dentist is at least concerned about the cause of the problem as the solution. In that rubric is what I refer to as a humanistic way of practicing.

What's happened ... I just had a course in the new patient experience, the second one of three courses, and Dr. Gary DeWood and his daughter were in the course. Gary and I sat down, and we videotaped an interview together, and he agreed with me, or I agree with him, that he suggests that 90% of the dentists that come to Spear are on some kind of a quote, "plan," some kind of what they call it insurance, but it's really not, it's a dental coupon, some kind of a managed-cost plan and 10% aren't, and that comes pretty close to the figures that I see.

We also talked about that dentistry in smaller communities is considerably different than it is in larger communities. We also talked about, we both agree ... just because we agree doesn't make it right ... that the biggest problem dentists are facing today are managed care insurance and corporate dentistry. Managed care and corporate dentistry are a perfect marriage because you can ramp up your practice as a dentist said that was with us earlier, you could just have somebody else build the teeth, and you can just be a mechanic. Primarily, there's some really good mechanical dentistry being done in corporations. A lot of people think that there isn't, but there is.

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There's really two kinds of practices. There's a more humanistic approach of really forming a significant, not a superficial, relationship, but a significant relationship with someone; really finding out how does dentistry or their oral health fit into their overall well-being. I work daily ... I talked with three dentists today, so I'm in communication with dentists that potentially would become students. I'm in communication with dentists that are clients, and I'm teaching them face-to-face because I teach all of the new patient experience courses with the help from some mentors.

I'm continually amazed by the fact that the dentists pay so little attention to the lifestyle of the patient or how dentistry or their oral health fits into their overall well-being. I mean, they don't even ask them why they want to keep their teeth, or do they need their teeth for their job or their work. It's like dentists are disconnected from their patients. In other words, there is a person attached to the tooth, whether it's a child, or an adolescent, or an adult, and that is something that I've often said.

Since you alluded to my experience with Dr. Pankey, I took eleven philosophy courses with L.B. I taught side-by-side with him for twelve years. Dentistry has never caught up to what he believes ... never. The last time he spoke in California, he said, "Never send me back to California," and it wasn't anything about California; it was just that he could see while even he was still alive, the tremendous shift to mechanistic, industrial style dentistry, again, which he had tried, and then Quest came along and on and on and on.

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The whole idea is, "How many people can I see? How much can I ramp up my practice," and it's a very, very industrialized, mechanistic approach to taking care of human beings, and we follow medicine. Chiropractic is a little different, but certainly when I talk to psychiatrists or psychologists, they have a similar problem. They can only spend six appointments with fifteen minutes or thirty minutes with the patient and that's it.

Remember, insurance in dentistry is only two decades old ... excuse me ... two generations or forty years, so what happens is we, as dentists, are magnificently trained as clinicians. We're great mechanics. We can fill teeth. We can do root canals. We can graft bone. We can do periodontal surgery. We can crown teeth. We can use CERAC. We can do all sorts ... We're really skilled mechanically, but we are tremendously falling behind that whole culture as ... I wouldn't say just us ... we've really fallen behind in our ability to form or even want to have significant relationships.

I think that, as I look at dentistry as a profession, dentists are lazy. They're just lazy because it's easy to sign up for a plan. You don't have to be good. You don't have to be great. You don't have to be good enough to have patients referred to you. I think that really, as a classic statement, I would say it's a depersonalization of the profession. I wouldn't say everybody's that way. I certainly wouldn't. I talked to a wonderful dentist in North Carolina today. He has a very, very humanistic practice. He doesn't have what I would call a comprehensive, Pankey style practice, or Spear, or Dawson, or Kois or ... practice, but he has a really good

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practice, and he takes very good care of his patients, and they don't leave him because they love him because he loves them. That's what's missing, to me. I don't know if that's a fair answer, but that's what I see, and I'm not the only one that sees it.

Allison Watts: Oh, no. I love that answer. I think that feels like the truth to me. In terms of leadership and communication, if we want to build relationships with our patients, what do we need to know? Where do we need to start? One of the big things is time and money, right? I mean, there's a reason people sign up for plans when maybe they don't value or even understand it's possible to have a humanistic practice. I think, also, maybe they don't have a value for it, or they don't even know how to begin, how to set up their practice in a way where they can take that kind of time and have those deeper conversations.

Michael Schuster: You're right, but, like anything, if something is important, you'll learn it. You'll figure out a way to learn it. I think there's a really interesting article put out in the Harvard Business Review a few years ago. What they said, for any professional person, 15% of their success is related to their technical ability. 25% of a professional's success is related to their ability to manage and organize their business or their time if they're working for somebody else. 60% of their success is related to their relationship and communication ability. I certainly see that in the work that I do. When dentists want to ... I talked to a dentist yesterday who has a practice that's grossing \$1,800,000, but writing off \$804,000 a year ... writing off \$800,000. He's trying to ... He's got this



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mill going now. Do you follow me?

Allison Watts: Mm-hmm (affirmative).

Michael Schuster: I've been speaking with him, and I said, "Do you know it's going to take you three to five years to slow that thing down." Once you build a big ship, it takes time to turn it. Do you follow me? If someone has a smaller practice, let's say, three or four staff members, it's a lot easier to turn that than it is one of these big monsters that's already going because you've got the debt associated with it. You've got a big facility. You've got all the overhead associated with it. The dentists have pressure. Interesting that you ask that because I've been writing an online course in what do you need to know to buy a practice?

A PPO practice isn't worth a damn cent. They think it is. This young dentist that I talked to two weeks ago, he said, "Well, I have a chance to buy three different practices. One is a PPO practice, and it's \$900,000 to buy it. Now there's a really good, the guy claims it's a fee-for-service, and that's \$800,000. Then there's another, smaller practice that's totally fee-for-service, and it's only \$400,000. Everybody tells me there's too much risk in buying a fee-for-service practice."

Allison Watts: Wow.

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Michael Schuster: Yeah. If you ask your buddy, another dentist, for information, you're going to get bad information. In fact, the typical faculty member in a socialized dental school, an ex-military guy, you're going to get some bad information. People act on what they believe. Let's go back to the leadership question. A leader knows what he or she believes. A leader knows what their values are, what matters most to them, and a leader communicates that, but, more than that, lives it every day. The strongest form of leadership is by example. When you guys were talking earlier about your children and your kids growing up, we all kind of go our own little wayward way when we're trying to spread our oats and figure out who we are and get our identify, but if we've witnessed parents who have lived a solid, truthful life, we'll end up there.

I see that in my own life, very much. Every day I give thanks to the parents that I had. I mean, every day because their modeling and their values and how they lived is really, really how I live my life today. They really showed it be example. I think that's the big ... To me, it's not a bunch of slogans. It's not a bunch of quotes. It's not a bunch of hypes. It's truly living what you believe because whatever we truly believe is our truth, right?

Allison Watts: Mm-hmm (affirmative).

Michael Schuster: There was an interesting study done by Chris Argyris and a team of twenty-five of the brightest people on the planet at Harvard, and he developed a thing called the ladder of

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inference. The ladder of inference starts at the bottom. We're like a movie camera. We're taking everything in, but we select certain data. Certain things we select, and then we add meanings to that, and then we make assumptions, and we draw conclusions, and we have a certain belief. What their research proved, over a long-term period of time, we take actions based upon what we believe. Years ago, Dale Carnegie said, "I've long since stopped listening to what people say. I just watch what they do."

My emphasis, in my life today, is trying to work with younger dentists, trying to help them understand that ... I'm getting a lot of help from a lot of the mentors. I've got a closed end group of around a hundred, and when I ask for opinions about things, I reach out to them, and they give me their thoughts. Probably the most important decision we make in our life ... remember, leaders make choices ... is who's going to be our significant other, who we're going to spend our life with. The second big decision I think that we make as dentists is choosing dentistry as a career. The third biggest decision is where we're going to practice and the type of practice we're going to have. Follow me?

Allison Watts: Mm-hmm (affirmative).

Michael Schuster: That's just huge, so young people, anybody, needs to understand that when they buy a big practice, they've committed themselves to a lifetime of business and no personal growth or no personal evolution because their butt is going to be tied to the chair from about age thirty to fifty.

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At fifty they get to pick up their head, but it's too late to do anything. It's not really too late, but they won't because they've been doing the same wrong thing for so many years, they don't know anything else. Follow me?

Allison Watts: Unless the pain gets great enough.

Michael Schuster: Unless the pain gets great enough. That's true, but then they better be lucky to find the right place, right?

Allison Watts: Right.

Michael Schuster: Remember the book the E Myth by Michael Gerber?

Allison Watts: Mm-hmm (affirmative).

Michael Schuster: Everybody's read that book. He made a fortune off just this one statement. You go to dental school, chiropractic, medical school, and you think you can run a business that does that technical capability. The other thing that he mentioned is really something that's really important. Today, most of the younger people are ... Even my accountant tells me last week that he's got a lot of dentists that are \$500,000 in debt when they graduate from dental school.

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Allison Watts: Wow.

Michael Schuster: They're going to some pretty expensive schools. They've got some pretty expensive schools here in Arizona. Then they go out and buy a practice, da-da-da-da, but, you know, the thing is that they don't really know what kind of practice to buy. They don't really understand. We don't really always understand, when we're neophytes, the consequences of the choices that we make. I deal with that every day. In my work, I'm dealing with young dentists and they're \$1.6, some of them are \$2,000,000 in debt, which is 20 times as much debt as I've ever been in in my whole life. It's just crazy. They're busy because they have to be busy. They've got their butt up to the wall with bills. Then they go out and buy a CEREC because that's going to do things ... They totally missed the boat.

This level one and level two group that are the mechanistic dentists, mechanically driven, they're really mechanics is all they are. They're applying mechanical solution to a biologic problem. They're the ones that are in the trap, and that group is higher than 90%. It's closer to 92 or 93, maybe even 94% because if you get in a smaller area, I mean, you can practice traditional dentistry probably another ten or twelve, maybe fifteen years if you're in a little, small town in Iowa, or Illinois, or Ohio, or anyplace, but when you get into a bigger city, there's where you have ... the younger dentists want to live there. They want to be there. They want the lifestyle that's there, and that's where all the PPOs, and that's where all the competition.

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On the other hand, the younger population, the Millennials as an example, they want personal freedom. They want personal choice. They want a balance between work and home life. They're a really interesting group. They get to be really unhappy fast because they get sold by the practice brokers, which are totally dishonest, other than a few. The bankers are right in there, anxious to lend them money. The accountants don't know anything about dentistry unless they've been in practice transitions. All of a sudden, the young dentist jumps into that hole, and they don't know how to get out of it. They don't know what to do with it. They're swamped the day they open the office because they've got a practice full of patients who see two and three patients at the same time, just like the doctor said, "I don't want to mess with this. Get an assistant to fill the tube." This is what dentists think. They think level one, fill, drill, and bill, or they think, "How can I get implants in people's mouths? How can I do this or that and the other thing?" This is it. We are mechanistically oriented, not humanistically oriented. Does that make sense?

Allison Watts: Yeah, totally. I want to just throw out there, if you guys have any questions or comments, you can push star, two. How do we move ourselves ... You have level one and level two. What's the difference between level one and level two?

Michael Schuster: Level one is primarily what we graduate from dental school with, the knowledge we have when we graduate from dental school, where parts are pieced in us. Okay?

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Allison Watts: Okay.

Michael Schuster: Level two is when somebody goes up, and they get the advanced training from any one of the wonderful technical institutions, or they get their implant certificate, or they do a mini implant course, where now they go to someplace like Spear or LDI, and they learn how to do cosmetic dentistry, so now they have something bigger to sell. Follow me?

Allison Watts: Mm-hmm (affirmative).

Michael Schuster: They have a bigger mechanical solution to sell. I don't know whether they're around or not, but for a long time I used to get emails from big case marketing, and everybody was trying to teach dentists how to sell big cases. Well, you can't sell big cases if you're in a PPO.

Allison Watts: Right.

Michael Schuster: You can't do it. You've got to be in a fee-for-service situation because big cases are 10, 15, 20, 30, \$40,000. It's just pretty interesting. What I call level three ... I had a whole group of dentists that we studied together for twenty-five years putting this model together ... level three is what we refer to as the biologic dentists, where this is the dentist that really ... As an example, tooth wear. There's many causes

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of tooth wear, right?

Allison  
Watts: Mm-hmm (affirmative).

Michael  
Schuster: Most dentists are, "Oh, your teeth are worn. Let's go ahead and rebuild your mouth," without ever looking at what the cause is in the first place. The biologic dentist is like a level two dentist, in other words, has advanced skills only is really, really concerned about the cause of the problem, not just the solution. The level four is really the whole person dentist. Maybe a level three dentist would be pretty much in the oral environment, the cause and effect of the breakdown in the oral, but the level four is really the whole person dentist, which is what Dr. Pankey taught. That's what he taught.

You asked the question, "How do you get there?" You get there with a lifetime of continuous amount of study on relationships and communication. You work with it, and you grow and learn, and if 60% ... I personally believe it's 80%, but I'll go with Harvard because Harvard's a lot smarter than I am ... if 60% of my success as a clinician is a result of my ability to communicate, form significant relationships with people ... partnership relationships is what I like to call them ... if 60% of my success is there, I ought to be spending more time there. I have. My library is big or bigger in spirituality and psychology as it is anything else. That's what I read. That's what I study. That's what I teach the most because that's what we, as dentists, need. Follow me?



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Allison  
Watts: I do. I love that.

Michael  
Schuster: I teach that in the guise and under the rubric of the new patient experience because everything happens in a dental practice downstream of the new patient experience. It's the single, most important system, event, process that a dentist ever does. You can't manage your time, and you can't organize your time unless you have a really good treatment plan, and people don't show up for appointments when they don't know what the hell's going on, right? They haven't bought into what's going on, so time problems, no-show problems, either in hygiene or with the dentist, and usually there's more no shows in hygiene there is with us dentists.

It's all because patients really haven't gotten connected to the problem. They haven't gotten connected to the issues as, "Look, you're responsible for some things." The majority of dentists are busy taking the disease away from people. They're not busy working to help patients understand that they can do certain things for themselves, and then I can do certain things for you. What the poor guys don't understand, what the majority don't understand is, when people start moving to regain their own, personal authority and their personal power begin to take care of themselves, they accept ... and I can document this ... they buy it four to five times the amount that they do in these other practices. They but it because they have hope, right? They buy it because they trust. They buy it because they understand the progress of disease. They understand the consequences of

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it.

The majority of us are just busy filling teeth and putting crowns on teeth and cracked and fractured teeth and putting impla-... That's the majority of what goes on, so the future is really, really dark for 90, 95% of dentists. It's absolutely lights out for 5 or 6% because I see the difference. I see, when dentists move from level one and level two, to three and four, their net income doubles and triples ... net. They go from 180 to 540 and 550 net income. They don't do it in a year. They'll double it in a year, then they'll gradually move up, and they're working less. They're not working more because the patients are accepting so much more dentistry because they want it. Okay?

Allison  
Watts: Right.

Michael  
Schuster: Does that make sense?

Allison  
Watts: Absolutely.

Michael  
Schuster: To me, that may be a big wand over the subject of leadership, but I've got this ... Lin Bothwell wrote a book years ago, and the title of the book is Leadership. There's a little cartoon ... it wasn't his ... the guy turns around, and there's nobody following him, and he says, "Well, I guess I'm not a good leader." A leader knows the effectiveness of leadership is, is anybody following you. I think we've seen

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maybe a generation and a half of focus on mechanical dentistry, but, by definition, level one dentists never evolve and grow as human beings. They're stuck their whole life doing that level of, so to speak, supervised mechanical neglect, and it's a hell of a place to live as far as I'm concerned, but a lot of people live there because they have to live there because they don't know anything else. Okay?

Allison  
Watts: Right.

Michael  
Schuster: They don't know, and then if there's a percentage, and it's around 10 or 12% of the population that goes through an advanced course such as Pankey, or Dawson, Spears ... number one today, as you well know ... Kois doesn't see as many people and Dawson, they all see a lot of people. Dentists are doing their best to improve their technical capability, but they're still not getting it off the shelf because ... Some of it they do, and some of them thrive. I've got a young dentist, he's a lifestyle dentist, and when I did a chart review on him, he had \$1,100,000 worth of dentistry presented and wasn't accepted in one year.

Allison  
Watts: Wow.

Michael  
Schuster: With that much rejection, I would've been in a sanitarium someplace. He has recaptured 800,000 of that in his second year.

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Allison Watts: Wow. Nice.

Michael Schuster: That's right. He moved from level two to level three. Now he's not at four yet, but he's only thirty-four years old. The point is that we can evolve. We can learn. We're completely capable of it if we want to. I think a lot of how we turn out goes ... It was interesting what your conversation was. If the father is the major influence, the son will be more than likely a mechanic. If the mother is the major influence, the son or daughter will more than likely be a humanistic person. Isn't that interesting?

Allison Watts: It is.

Michael Schuster: There's research on that. If you're interested, when we get done, email me or something; I'll be happy to send you the research to dig it up. The parental influence is enormous of the paths that we choose. I've a very good friend who's been a client, and he's been a mentor since 1988 with me. We talked yesterday morning for about an hour. He is actually teaching at a dental school, and he has a pod of twenty dentists that he works with ... a pod. He is doing everything he can to help that group of dentists understand the humanistic side, not just the mechanistic side, because, basically, dental school teaches us to be mechanics. Would you agree?

Allison Watts: I would.

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Watts:

Michael Schuster: Yeah. Okay. Most people would, but it doesn't teach us how to act and care for ourselves and others as human beings. We were talking, and he said, "When I start working with this, about three or four out of every group get this, and the others kind of look at me like a deer in a headlight look." If you run that out, if you look at that, that's 80/20. 20% of the dentists in the United States can get it. Follow me?

Allison Watts: Mm-hmm (affirmative).

Michael Schuster: That's certainly not significant research. Do you know what I'm saying? It was just an example. 20% of us can get it, and the other 80% really should be working for a corporation. Follow me?

Allison Watts: Mm-hmm (affirmative).

Michael Schuster: Because that's where they're going to be working. They're already working for an insurance company if they've accepted any kind of plan and a payment from the insurance company. They're already working for the insurance company, why not work for the corporation? Why not make \$300,000, go home and not worry about it? To me, if I was a dentist, and I just wanted a job, I'd just go to work for a corporation. I'd go to work for a good corporation because I'm probably a mechanic anyway. Do you follow me?

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Allison  
Watts: Yeah.

Michael  
Schuster: The ones that go to work for these corporations that can't stand it, they're the ones ... You say, "What can't you stand?" Because I get them. I talk to them. "Well, I just can't stand the way people are being treated." Okay. All right. I get it. You need to create a smaller practice. One of the things that Gerber talked about, and it's true, you go to work for a corporation, you've got a job, now this isn't ..., but you go to work for somebody, and you hate it, so you go out and decide to start your own business. A year later you're doing the same thing that you learned because that's your model. That's what you learned.

These kids go to work for corporations, and the ones that stay in it are fine. They're mechanics. They're doing a job. There's nothing the matter with that. They're supporting their family. They're living a good life. There's nothing the matter with that, but then some of them get in there and they say, "I can't stand it." I say to them, "Don't go out and try to recreate a factory because you'll be more miserable, only now you're going to be up to your eyeballs with debt. You're going to hate it. You need to create a practice that's humanistic, that has human values in it where you treat people with dignity and respect, not like twits." Okay?

What's going to happen here is, it's going to be a natural ... There's going to be two major paths. You haven't been at my webinars, but I've talked about that for three years not.

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There's two major paths. There's a path towards insurance, PPOs, government and corporate dentistry. Then there's a path over here to private care. I've said over and over again, and I guess people just don't get it. There's some people that send their kids to private school. There's some parents that say, "My child's education is so important ..." Now there are areas where public schools are great, but there's a lot of areas where they're substandard, and so the parents make sacrifice, like my kids have, to send their kids to private school.

Well, there's some people that value themselves and their overall health and their oral health enough to be able to step outside and be willing to pay for it, okay, out of their own back pocket. Remember, when people lose their ability to choose, they also lose their freedom and their personal authority. I think that we have a real, real power, or lack of power, problem. I see the dentists after years of being in it. They don't believe it's possible to have a private care, fee-for-service practice. They don't believe it. Then I talk to a lot of them that have these huge practices. The two young women in a relatively small community in Minnesota, they've got a \$2,000,000 practice with 1.8 million dollars of debt. They've got \$120,000 a month cost to open the doors. There's no way in hell they're going to move towards a patient centered practice. They may talk about it, but they won't do it. They're getting too much pay for staying where they are. Okay?

Allison  
Watts:

Yep.

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Michael Schuster: They don't like it. They want something different, but now they have become lazy. If you read Scott Peck's book, *The Road Less Traveled*, one of the more brilliant books ever written on the combination between spirituality and psychology, you come up with the fact that people that are ... He calls laziness evil. What happens to people is, instead of being the heroes of their life, they end up being the victims. I talk to dentists that are sixty, and they hate it. They want to quit, but they can't. They're not broke. They don't have enough to retire. Sadly, many of them have been to Dawson. They've been to Pankey. They've been to these places, but they were never, ever understood that they are the leaders; they are the architects of their life. They never understood that because perhaps, if we would go back and look at how they were raised, their parents weren't leaders and architects of their lives. They had poor models growing up. That's a pretty strong statement.

Just to give you an example, I have a young dentist who graduated from LSU, bought a practice for \$400,000 in a small town. It's absolutely wonderful. His second week in practice, he called me, and he said, "I've been looking on the internet. I went to your website. There's nobody else who's saying what you're saying. I want to work with you." I went down, and he became a student, and when he enrolled ... this is classic ... I said to him, "This is really interesting because you are a very unusual young man to have the insight to buy a practice and immediately go to work on the management and communication skills. How did you make that decision? How did that come to you?" Here's what he said, "My mother said I was destined for greatness. My

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mother said I was destined to do something great with my life." He looked at me, and he pointed at me, he says, "I'm going to do something great in this little community." That's what we're missing. That's pretty powerful isn't it?

Allison Watts: Mm-hmm (affirmative).

Michael Schuster: I think that we, as the leaders ... I'm not a leader ... we, as the thought leaders in dentistry, we need to help the young people. I'm working very hard on this online course that'll probably be released in November, trying to ... I'm getting a lot of help from a lot of other dentists with their ideas ... trying to help this young dentist understand that when they buy this practice, the type of practice they buy is going to determine to a large degree what their professional life will be like. They're all saying, "For God's sakes, buy something small, and build it with your own sweat equity. Don't buy a giant thing that somebody else built, and, for God's sakes, don't buy a PPO practice because it isn't worth anything." Those patients don't have any loyalty to the dentist. Their loyalty is to the insurance company, right?

Allison Watts: Right.

Michael Schuster: If the company that has the managed care policy decides to change, all those people are going to go someplace else. This is what the young people don't get. They're not getting good advice. They're not hanging around people that know what they're doing and what they're talking about, and

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they're making lifetime, cataclysmic choices.

Allison Watts: Yeah. We have a question, Dr. Schuster.

Michael Schuster: Yeah.

Allison Watts: I'm going to unmute you. Hello, this is Bill. Hi, Bill. You have a question?

Bill Brown: Hi, Allison.

Allison Watts: Hi. Sorry. It took me a little bit to get to you.

Bill Brown: No problem. This is Bill Brown, Dr. Schuster, from Iowa. Do you remember me?

Michael Schuster: Oh, sure, very well.

Bill Brown: My question is, there are a lot of people that are saying the same things that you and I are saying about the future of dentistry. The one problem that you mentioned that I wanted to ask you about was the fact that the students graduate, whether they aren't educated or brainwashed or however you want to put it, without the skills necessary to do the types of things that you would like to see them do in their

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practices. Is there any way that you can see that the ship of state in the dental schools can have their direction changed to address that issue?

Michael Schuster: Well, you know, I just mentioned earlier, I have at least twelve mentors that are actively involved in dental schools around the country right now. They are actively going and working with students in their junior and senior year.

Bill Brown: Mike, I'm talking about that it has to be all four years. It can't just be tacked on at the end.

Michael Schuster: Yeah, but that's when they're interested.

Bill Brown: Well, okay.

Michael Schuster: They're interested in the second half of their junior year and senior year. Before that, they're generally not interested. Bill, I have tried ... I have chosen not to ... I had an opportunity, years ago, you knew Harold Wirth?

Bill Brown: Sure.

Michael Schuster: Harold was L.D.'s close friend, and I was very close with Harold. He's like a father to me. We were best friends. I had worked on a curriculum for LSU with Harold. I had spent a

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year putting together a curriculum, starting in the junior year, to get dentists ready to go into private practice with more of the humanistic skills that they would need and even some management issues. We had the whole thing there. Harold helped me, and they voted it down at the last minute at LSU, and that was my last effort to ever waste time trying to work with a dental school because that's part of the problem. You have to put your time and effort and energy into something, so I chose to put it into individual people, follow me, one at a time.

I would've liked to have had a greater influence in my life. I would've like to have thought that I would've been able to have a bigger change and, yet, I've managed to work with three thousand dentists in the last forty years. All of them haven't had profound change, but many have. All of them haven't had their lives transformed, but many have. All of them aren't practicing exactly to the level that I would like to see them, but I could say they've honestly done their best. Not everyone is blessed with the Kennedy family that I was born into. I say "Kennedy family" just because my father was one of the planners of the invasion of Normandy. He had dual PhD degrees. He spoke seven languages. He was brilliant. My mother was a child psychologist and worked with difficult children in school.

I mean, not everybody has parents like that, Bill. What we're finding, the research is showing that how we were raised and who we were raised by has a tremendous impact on how are life turns out, whether ... I find dentists that are forced to do something, and they're under the stress of

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doing it. It isn't because they really want to do it. I think there's a small percentage, upwards of 20, 25% certainly have the potential, maybe more, I'm a believer that people have unlimited potential, but I think that what will happen is that they'll get into these things, and things will get bad, and they'll say, "I don't feel good," and they'll look for something different, just like I did and probably you did.

Bill Brown:      Yep. That's true.

Michael Schuster:      Honestly, that's the only ... I've had many conversations with many people, thought leaders, as yourself, and I think it's an individual thing. One has to dig within themselves. We don't come out of school knowing what we want. I work with some young, brilliant men and women, and they will tell you, even after two or three years, if I've been working with them, "I'm starting to figure out what I want, but it's not crystal clear yet," and then I'll say, "Are you on the right ..." "Yeah, I'm on the right path, I know." What's happening is, they're learning about relationship. They're learning to accept themselves. They're learning that it's important to care about people. I would even go so far as they're learning how to love people, and that's something that I don't think that I can teach somebody. Yet, I can teach somebody the skills and capabilities if they're interested, follow me, but you have to want to learn it too. Does that make sense?

Bill Brown:      Yeah, it does.

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Michael Schuster: You'll remember years and years ago when Barclay went to the University of Iowa.

Bill Brown: Yeah, I went there with him at one time.

Michael Schuster: I was a Barclay protégé. He was in Macomb. I was in Dyersville. We used to talk every week. He was my first real coach. Then they decided that they were going to have different testing for students ... I forget what year it was ... different kind of testing for students to be accepted into the dental school. In fact, my niece was one of those students. She's a dentist in Minneapolis. The faculty were treating these kids the way they treated everybody else, like twits, and they had an uprising. They literally blacked out the school. These kids said, "You are not going to treat us like that," because they sought kids that were more humanistic, not just mechanistic. I think there's a natural branching, a natural division between those people that are as concerned about the person as they are the dentistry, and the bulk of them just want to do the work and just shut up and sit there. I practiced in Dubuque. I practiced in Dyersville. I practiced out here. The percentages are the same everywhere. It's not evil. It's not bad. It just is.

Allison Watts: Do you think that percentage is on the whole planet that way, or do you think that's like dentistry attracts more of those kind of people?

Michael: If I said anything, I'd be purely guessing, but I have done a

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Schuster: lot of research trying to help a dentist say, "Where do you belong?"

Allison Mm-hmm (affirmative).  
Watts:

Michael Schuster: As you know, there are three levels. There's a job. There's a career. There's a calling. If someone just is looking for a job, they probably ought to sign up and stay to get a corporate job someplace. If they want a career, they probably ought to be looking at, "How do I have my own practice?" I think if they see dentistry as a calling, to me, that's more of the humanistic thing that I have ... I'm using humanistic because it's hard to find one word to describe it, huh?

Allison Mm-hmm (affirmative).  
Watts:

Michael Schuster: I think it's okay wherever you ... I try to help, in all the work I do, with the people I work with, and now the new patient experience course is a year long, in which I spend nine days with the class, with the individuals, and they do their own videotaping of their initial interviews and the review of finding, and they jump 10-x, especially those people that really are what you might say have that human chip in them, that, "I really do care. I really want to make a difference in people's lives." They fly. Okay?

Allison Mm-hmm (affirmative).

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Watts:

Michael Schuster: Then there's some others that you'll see straggling, "I just really didn't get it. I really didn't do the ..." Well, it's because they basically don't want to get it, all right, or it isn't that they don't want to get it, it's just that it's not that important to them. I mentioned earlier about my buddy, Jack King, down at North Carolina working with a pod of twenty that there are only three or four in every group that really light up when you talk about that, and the rest of them, they're just interested in the mechanical part, huh ?

Allison Watts: Mm-hmm (affirmative). They're totally happy just doing that.

Michael Schuster: Yes. Well, they don't know yet, but here's the thing. The problem with that is Bill and I are pretty close generationally, and it used to be you could be a mechanic and just make a damn good living. Right, Bill?

Bill Brown: Yeah. Absolutely.

Michael Schuster: Now, with corporate dentistry and PPOs ... I mean, think about this, 1974 General Motors signed ... actually '71 ... they signed the first contract, AFL-CIO. A crown was \$300. They paid, by 1974, \$1000 a year. It was indemnity insurance. They paid 50% of crowns, so you could do a quadrant of crowns. They would pay 600 bucks for that quadrant. The patient still had \$400 to use for other things. Well, that \$300, if what was today, if it was 4% inflation, it



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would be \$1700. If it was 5% inflation, it would be \$2100. How many every day dentists do you know that are getting the 17 and \$2100 per crown?

Allison  
Watts: Not very many.

Michael  
Schuster: That same \$1000, in 1974, is equal to \$98 today. They basically, today, have a coupon, and, you know, my friends tell me, my different mentors tell me that dentists are really reaching their breaking point. They can only ramp up so fast and go so fast, and, at a certain point, they break down mentally, physically, emotionally, and, for sure, they've already lost their soul, spiritually, they're gone. They run to all these meetings, the CERAC meetings and all these meetings, and they get all juiced up about what? Buying a CERAC because they think that's really cool. Now they're really a super mechanic. I mean, I don't have anything against CERACs. They've gotten pretty good. The point is, they're chasing the wrong rabbit. Okay?

Allison  
Watts: Yeah.

Michael  
Schuster: We can't stop that. It's only when they reach a point that in their relationships at home, or at work, or someplace, they finally figure out, "I just can't do this any ..." I talk to a dentist today. He works seven days a week.

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Allison Watts: Oh, my gosh.

Michael Schuster: Seven days a week. He's a very, very sophisticated implant prosthetic guy, and he does a lot of lab work on the weekend. Can you imagine what his life must be like? Okay?

Bill Brown: All work and no play makes Jack a dull boy.

Michael Schuster: Well, sure, but I mean, a wonderful person, a great clinician. Here's the takeaway from this, you can't solve a human problem with a mechanical solution. You can solve a mechanical problem with a mechanical solution, but you can't solve human problems, but that's what we've been busy doing. Okay?

Allison Watts: Yep. Do you think that all of the dental problems are human problems? Are there some that are just mechanical problems? Is that kind of a weird question?

Michael Schuster: No. I think that there are mechanical problems. Example, and I think this true, if we're dealing with the infectious diseases of decay and gum disease, those are biologic problems. If we're looking at the issues of tooth wear, there's a multiple set of problems or causal factors involved with tooth wear, right?

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Allison Watts: Mm-hmm (affirmative).

Michael Schuster: If the patients can't fix that ... You with me?

Allison Watts: Yep.

Michael Schuster: That's where we, as clinicians, need to intervene in some way. We've got to fix something, or it's going to continue to go downhill. Of course, in other areas too, but, you know, if I look and say, "Well, infectious diseases, that might be decay, gum disease, et cetera, but with tooth wear, no, that's a separate entity. It may have drug implications. It may have a stress implica-... It's all sorts of other things that could be human, extenuating factors that could influence the outcome, but the primary cause of decay and gum disease is bacterial plaque. There are secondary causes, [inaudible] host resistance, on and on and on. Does that make sense?

Allison Watts: Uh-huh. Yeah.

Michael Schuster: That's the way I try to explain it, whether it's 100% accurate or not. I would love to have somebody like John Kois on this conversation because John and I are very much in the same rubric in teaching risk assessment. I've been teaching risk assessment since 1970, when I used to lecture with Emmanuel Sarastad around the country. I've developed a risk assessment model, decay risk, and perio risk, and biomechanical risk, and systemic risk. It's a little bit different

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than John's, but very close, and there are these extenuating factors that are involved in all risks. In some cases, it's partly mechanistic and partly humanistic and some cases it's more mechanistic and some cases it's all humanistic or biologic. Does that make sense?

Allison  
Watts: Mm-hmm (affirmative).

Michael  
Schuster: Every person is a little different. If you remember, since you've been involved at the Pankey Institute, one of the things that Dr. Pankey used to ... he talked about ..., remember? He also talked about an anabolistic state of life and a catabolistic state of life, which he got out of the book I was fortunate to study with Nathan Shore, when he was still alive, he wrote the best book on TMJ and occlusion ever written. He wrote, in that book, about the anabolistic state of life is the state where the body responds to stress by building up. The catabolistic state of life is where the body, the human being responds to stress by breaking down. Also, some people, biologically are made out of glass, some are made out of celluloid, and some are made out of steel. The host resistance and the DNA of individual people is different, so we can't just say everybody sits in one box.

Every person is a unique individual. When we start talking about where dentistry's headed and everything, I don't even think like that. I think of where is this one individual belong, and that's one of the problems that we've gotten into in our culture. We have this factory mass orienta-... For years and years, in Scottsdale, the brand name of my practice was

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Dentistry for the Individual because every person is different. Their resistance is different. They're in different states of life. There are things that are important to one person that aren't to another. They have different levels of risk in different areas of their systemic life and in their oral health. The cool part is, every person is interesting. When you start treating one person at a time, rather than trying to see three people in an hour, your life changes.

Allison  
Watts: So does there's.

Michael  
Schuster: So does there's. You made a great comment. Let me just play on that a minute. To the degree that I transform someone else's life, transform their thinking, and transform their behavior, mine is transformed as well. That's why people that get into a true level three practice, and many of them migrate to a level four, they are just in a different space. They see helping an individual evolve, they see themselves evolving. Follow me?

Allison  
Watts: Yeah.

Michael  
Schuster: If I stay in this level one mechanistic thinking, I do not evolve and grow myself. If I stay in two, two is all about production and money. It's not about the human being. Follow me?

Allison Mm-hmm (affirmative).

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Watts:

Michael Schuster: Maybe a very, very talented mechanical technical dentist, but it's mostly for you. It's mostly for me. It's mostly feeds my own ego. When I really am thinking about level three, I'm really getting into that person. I'm really trying to design a plan or work with that, "What is in this person's best interest? How healthy does this ... person want to become?" I'll take them as far as they want to go. When I do that, it changes them, but it changes me.

I'm going to tell you an interesting story. I was with my wife a couple weeks ago, Patty's from Oregon, so we were over on the Oregon coast for five days. I might've said that to you when we had a previous conversation. We're sitting over there, and looking at the ocean, watching the whales. It was raining most of the time, but it's fine. We had a great time. We had to drive back to Portland. If you know my wife, you've got to be at the airport two hours early, so we're there early. I was A-listed on Southwest, so I get on first, and this lady comes up to Patty and says, "Is that Doc Schuster? That looks like Doc Schuster." She said, "Yeah, that's my husband." She said, "I'm Mary Ramos. I used to work for Dr. Schuster when he was in Dyersville. I emptied the trash and cleaned up the office at the end of the day. You know, my mother, Mary Bainish was a patient of Doc Schuster's. She always talked about him in such glowing terms."

Mary Ramos got on the airplane, and she came back to see me, and she looked like her mother. When we got off the airplane, we talked for about fifteen or twenty minutes. She

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lives here, and I'm going to bring her in an interview her. We're going to do a video interview. Here's what she said. I said, "Is your mother still alive?" "She died last October at the age of ninety-nine, and she had all the onlays and crowns you put in her mouth in Dyersville. I've often said to people, "How are you able to put all that dentistry in people's mouth?" I'm on my thirteen hundred and twenty-sixth full mouth reconstruction and ... I don't know ... a couple thousand partials. How does that happen? I've often said to people, "I just loved them."

If you truly love people and you truly care about people, you want the best for those people, and they sense it and feel it. It's not about selling them stuff or manipulating them. It's about helping them make the best decision for themselves. I'm going to bring Mary Ramos back in because ... You probably don't believe it, but it just blew Patty away. I've talked to her about those patients and she's seen enough of them because they come and visit me, but I think that's a different way of practicing, don't you think?

Allison Watts: Mm-hmm (affirmative). Yeah, that's the way I've aspired to practice, for sure.

Michael Schuster: Yeah.

Allison Watts: I hope people will say that about me. That's wonderful.

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Michael Schuster: Yeah, and I'm sure they will. I'm sure they do already. The point is, I still maintain that people are looking for somebody to take care of them as an individual. I still maintain that people want to trust somebody. They want to believe in somebody, and there are plenty of clinicians, in all fields, that endeavor to practice that way. It's just that the majority don't. All right?

Allison Watts: Yep.

Michael Schuster: When you find somebody like that ... you probably have some physicians and people like that ... and I'll bet you sent all your friends to him.

Allison Watts: Absolutely. I would if there was one in Midland, Texas. I do actually know one in Midland, Texas, so, yes, that's true.

Michael Schuster: It was really interesting, when I was talking to the dentist today from North Carolina and his wife was on the phone, they do no advertising. She said their practice is totally patient referral, and after I spent an hour talking with them, I can see why. He really cares about his patients. You don't have to rebuild people's mouths to care about people, right?

Allison Watts: No.

Michael Schuster: I mean, everybody doesn't have to have a full mouth



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Schuster: reconstruction, do they?

Allison  
Watts: No.

Michael  
Schuster: That's where Pankey got a bad rap. People go to Pankey, and then they walk away and think, "Well, everybody's got to be rebuilt." No, what L.D. said was, "There's one best treatment plan within each person, and it's your job to go find it. That's what he really said. Anyway, that's leadership.

Allison  
Watts: Love it. Thank you so much. Gosh. I feel like we could talk for another hour or more. We could talk for a long time. You started getting into that humanistic piece, I thought, "Ooh, I have a lot of questions now."

Michael  
Schuster: We can do it again sometime. Pick another subject. We'll do it again.

Allison  
Watts: All right. Thank you so much for being here tonight [crosstalk]. Thank you so much. I'm going to open the lines up and let everybody say goodnight. Those of you who stayed on, the lines are open.

Allen: Mike, goodnight from New Jersey. Thank you so much.

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Michael Schuster: Thank you.

Allen: Allison, we'll chat soon, I'm sure.

Allison Watts: Yes, we will. Take care.

Allen: All right. Have a good evening everybody.

Michael Schuster: You too.

Allison Watts: All right, you too. Thanks. Good to talk to you Allen.

Allen: Bye. Thank you.

Allison Watts: All right. Bye-bye. I don't know if the other people are muted or not. I just want to say thank you guys. Goodnight. Thanks for being here. We will see you next time.

Michael Schuster: Thanks, Allison.

Allison Watts: Goodnight, Dr. Schuster. All right. Thank you. Bye-bye.

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